

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-676)

SERIAL NO.
09/599,152
APPLICANT(S)

FILING DATE
2-25-05

4-8-04 12-3004 2-25-05 CLAIMS

NUMBER	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DER.	IND.	DER.
1				
2	/	/	/	/
3	/	/	/	/
4	/	/	/	/
5	/	/	/	/
6	/	/	/	/
7	/	/	/	/
8	/	/	/	/
9	/	/	/	/
10	/	/	/	/
11	/	/	/	/
12	/	/	/	/
13	/	/	/	/
14	/	/	/	/
15	/	/	/	/
16	/	/	/	/
17	/	/	/	/
18	/	/	/	/
19	/	/	/	/
20	/	/	/	/
21	/	/	/	/
22	/	/	/	/
23	/	/	/	/
24	/	/	/	/
25	/	/	/	/
26	/	/	/	/
27	/	/	/	/
28	/	/	/	/
29	/	/	/	/
30	/	/	/	/
31	/	/	/	/
32	/	/	/	/
33	/	/	/	/
34	X	/	/	/
35	/	/	/	/
36	/	/	/	/
37	/	/	/	/
38	/	/	/	/
39	/	/	/	/
40	/	/	/	/
41	/	/	/	/
42	w	w	w	w
43	w	w	w	w
44	w	w	w	w
45	w	w	w	w
46	w	w	w	w
47	w	w	w	w
48	w	w	w	w
49	w	w	w	w
50	w	w	w	w
TOTAL IND.	0	0	0	0
TOTAL DER.	0	0	0	0
TOTAL CLAIMS	48	47	47	47

	IND.	DER.	IND.	DER.	IND.	DER.
51						
52	/	/	/	/	/	/
53	/	/	/	/	/	/
54	/					
55	/	/	/	/	/	/
56	/	/	/	/	/	/
57	/	/	/	/	/	/
58	/	/	/	/	/	/
59						
60	/	/	/	/	/	/
61	/	/	/	/	/	/
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0	0	13	0	13	0
TOTAL DER.	0	0	24	0	34	0
TOTAL CLAIMS	48	47	47	47	47	47

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS